

**Fill in this information to identify the case:**Debtor name Goodrich Quality Theaters, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 20-00759-swd☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 20, 2020**X /s/ Robert E. Goodrich**

Signature of individual signing on behalf of debtor

**Robert E. Goodrich**

Printed name

**President & CEO**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Goodrich Quality Theaters, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **20-00759-swd**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **44,209,683.82****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **16,665,026.58****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **60,874,710.40****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **30,369,078.17****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **3,327,360.40****4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ **33,696,438.57**

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12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of  
debtor's interest**  
**\$224,502.00**

**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	<b>Harris Bank (Kendall 11 GDX)</b>	<b>Depository</b>	<b>3064</b>	<b>\$29,614.88</b>
3.2.	<b>Harris Bank (Randall 15 IMAX)</b>	<b>Depository</b>	<b>5751</b>	<b>\$20,503.06</b>
3.3.	<b>First State Bank (Savoy 16 IMAX)</b>	<b>Depository</b>	<b>6034</b>	<b>\$37,793.16</b>
3.4.	<b>Busey Bank (Willow Knolls 14)</b>	<b>Depository</b>	<b>2185</b>	<b>\$16,519.94</b>
3.5.	<b>Old National Bank Eastside 10 IMAX)</b>	<b>Depository</b>	<b>5980</b>	<b>\$44,028.27</b>
3.6.	<b>Bippus State Bank (Huntington Drive-In)</b>	<b>Depository</b>	<b>9151</b>	<b>\$586.42</b>

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	Name			
3.7.	Bippus State Bank (Huntington 7)	Depository	6460	\$14,562.53
3.8.	Old National Bank (Lafayette 7)	Depository	2968	\$13,405.37
3.9.	Harris Bank (Portage 16 IMAX)	Depository	2619	\$50,395.41
3.10.	Old National Bank (Wabash Landing 9)	Depository	4035	\$15,769.69
3.11.	Key Bank (Hamilton 16 IMAX)	Depository	2808	\$56,210.04
3.12.	Huntington National Bank (Lebanon 7)	Depository	9094	\$10,614.60
3.13.	Old National Bank (Brownsburg 8)	Depository	1508	\$12,555.87
3.14.	Central Bank (Capital 8)	Depository	3028	\$27,098.09
3.15.	Callaway Bank (Forum 8)	Depository	9456	\$24,770.32
3.16.	Chemical Bank (Bay City 10 GDX)	Depository	5131	\$30,225.22
3.17.	Huntington Bank (Cadillac 4)	Depository	1115	\$18,084.76
3.18.	Chemical Bank (Grand Haven 9)	Depository	2060	\$13,161.85
3.19.	Chemical Bank (Hastings 4)	Depository	5815	\$9,811.92
3.20.	Macatawa Bank (Holland 7)	Depository	4215	\$16,807.72

Debtor	Goodrich Quality Theaters, Inc.	Case number <i>(If known)</i> 20-00759-swd		
	Name			
3.21	County National Bank (Jackson 10)	Depository	2453	\$28,345.53
3.22	PNC Bank (Kalamazoo 10)	Depository	9241	\$23,630.51
3.23	Flagstar Bank (Krafft 8)	Depository	4330	\$16,144.61
3.24	Huntington National Bank (Ada-Lowell 5)	Depository	7480	\$14,120.62
3.25	Oxford Bank (Oxford 7)	Depository	8822	\$10,807.84
3.26	Old National Bank (Quality 16)	Depository	4904	\$23,875.42
3.27	Independent Bank (Quality 10 GDX)	Depository	1947	\$40,346.18
3.28	Southern Michigan Bank (Three Rivers 6)	Depository	9301	\$11,396.81
3.29	Flagstar Bank (W. Columbia 7)	Depository	3322	\$15,762.88
3.30	CIBC	Cash Concentration	4552	\$20,981.38
3.31	CIBC	Wire Transfers		\$0.00
3.32	CIBC	Checking	7598	\$0.00
3.33	CIBC (Payroll)	Checking	7603	\$0.00
3.34	CIBC (Goodrich Bar)	Checking	3616	\$0.00

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3.35	CIBC (MMSA)	ST Investment	4621		\$32,476.36
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3.36	CIBC (Flex Spending)	Checking	4560		\$0.00
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4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$924,909.26

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1.	Jackson Road Cinemas- Security Deposit- Quality 16 Lease			\$50,000.00
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7.2.	Vericclaim- Loss Fund			\$15,000.00
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7.3.	Cloud Industries- Wall Fabric			\$9,000.00
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7.4.	City of Columbia- Security Deposit- Forum 8			\$7,300.00
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7.5.	Highway Film Delivery- Security Deposit			\$450.00
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7.6.	UPS- Deposit			\$100.00
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7.7.	City of Brownsburg- Water Deposit			\$75.00
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7.8.	McDonald Advance			\$20,000.00
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7.9.	Bswift Flex Account			\$1,756.69
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7.10

3840- 44th Street Deposit\$1,500.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$105,181.69**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 444,332.45 - 0.00 = .... \$444,332.45  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$444,332.45**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☒ Yes Fill in the information below.

			Valuation method used for current value	Current value of debtor's interest
14.	<b>Mutual funds or publicly traded stocks not included in Part 1</b>			
	Name of fund or stock:			
15.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b>			
	Name of entity:	% of ownership		
15.1.	<u>Gibsonson Theater, LLC</u>			
	<u>DBA Riverview 14 GDX</u>	<u>50</u> %	<u>Book Value</u>	<u>\$1,463,214.50</u>

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**  
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$1,463,214.50**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

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	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Concession Inventory		\$430,919.50	Book Value	\$430,919.50
	Games Inventory		\$19,825.20	Book Value	\$19,825.20

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$450,744.70**24. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes. Book value260,568.84

Valuation method

Book Value

Current Value

260,568.8426. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture	\$19,243.60	Book Value	\$19,243.60
40.	Office fixtures Office Fixtures	\$65,981.31	Book Value	\$65,981.31
41.	Office equipment, including all computer equipment and communication systems equipment and software Walkie Talkies	\$37,761.34	Book Value	\$37,761.34



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<u>Other office equipment</u>	<u>\$2,077.49</u>	<u>Book Value</u>	<u>\$2,077.49</u>
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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$125,063.74

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
 (Where available)

**Valuation method used for current value**
**Current value of debtor's interest**
47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. <u>2005 Chevy Silverado</u>	<u>\$1,691.78</u>	<u>Book Value</u>	<u>\$1,691.78</u>
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47.2. <u>2016 International 7300</u>	<u>\$23,684.42</u>	<u>Book Value</u>	<u>\$23,684.42</u>
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47.3. <u>2013 Buick Enclave CXL</u>	<u>\$8,564.96</u>	<u>Book Value</u>	<u>\$8,564.96</u>
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47.4. <u>2015 GMC Acadia</u>	<u>\$9,644.04</u>	<u>Book Value</u>	<u>\$9,644.04</u>
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47.5. <u>2017 Buick Regal</u>	<u>\$10,521.70</u>	<u>Book Value</u>	<u>\$10,521.70</u>
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47.6. <u>2016 Chevy Malibu</u>	<u>\$7,333.95</u>	<u>Book Value</u>	<u>\$7,333.95</u>
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47.7. <u>2003 Chevy Corvette</u> <u>60,000 Miles</u>	<u>\$10,000.00</u>	<u>Book Value</u>	<u>\$10,000.00</u>
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48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

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<u>Digital Equipment</u>	<u>\$2,923,792.55</u>	<u>Book Value</u>	<u>\$2,923,792.55</u>
<u>Seating</u>	<u>\$2,306,429.93</u>	<u>Book Value</u>	<u>\$2,306,429.93</u>
<u>Theater Fixtures</u>	<u>\$1,220,123.64</u>	<u>Book Value</u>	<u>\$1,220,123.64</u>
<u>Concession Fixtures</u>	<u>\$604,381.41</u>	<u>Book Value</u>	<u>\$604,381.41</u>
<u>Point of Sale, Computers and Equipment</u>	<u>\$757,550.28</u>	<u>Book Value</u>	<u>\$757,550.28</u>
<u>Food Services Equipment</u>	<u>\$725,788.35</u>	<u>Book Value</u>	<u>\$725,788.35</u>
<u>Signage</u>	<u>\$1,087,080.57</u>	<u>Book Value</u>	<u>\$1,087,080.57</u>
<u>Security Equipment</u>	<u>\$152,011.97</u>	<u>Book Value</u>	<u>\$152,011.97</u>
<u>Trash receptacles, cleaning equipment and maintenance</u>	<u>\$132,991.07</u>	<u>Book Value</u>	<u>\$132,991.07</u>
<u>Games</u>	<u>\$45,717.71</u>	<u>Book Value</u>	<u>\$45,717.71</u>
<u>Aisle Lighting</u>	<u>\$398,788.11</u>	<u>Book Value</u>	<u>\$398,788.11</u>
<u>Other Equipment and Misc.</u>	<u>\$342,438.26</u>	<u>Book Value</u>	<u>\$342,438.26</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$10,768,534.70**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse,

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**

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Name

apartment or office building, if  
available.

55.1. **W. Columbia 7**  
**2500 W. Columbia**  
**Ave**  
**Battle Creek, MI**  
**49015**  
**Parcel No.**  
**0616-26-693-0**

(Value includes  
building, land and  
improvements)

Fee Owner\$1,424,058.90Book Value\$1,424,058.90

55.2. **Cadillac 4**  
**202 S. Mitchell Street**  
**Cadillac, MI 49601**  
**Parcel No.**  
**10-086-00-010-00**

(Value includes  
building, land and  
improvements)

Fee Owner\$802,888.71Book Value\$802,888.71

55.3. **Holland 7**  
**500 Waverly Road**  
**Holland, MI 49423**  
**Parcel No.**  
**70-16-33-200-075**

(Value includes  
building, land and  
improvements)

Fee Owner\$1,261,422.52Book Value\$1,261,422.52

55.4. **Krafft 8**  
**2725 Krafft Road**  
**Port Huron, MI 48060**  
**Parcel No.**  
**06-027-3001-007**

(Value includes  
building, land and  
improvements)

Fee Owner\$952,048.90Book Value\$952,048.90

55.5. **Kalamazoo 10**  
**820 Maple Hill Drive**  
**Kalamazoo, MI 49009**  
**Parcel No.**  
**05-13-255-018**

(Value includes  
building and land)

Fee Owner\$2,880,391.90Book Value\$2,880,391.90

Debtor Goodrich Quality Theaters, Inc.

Name

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55.6. **Hastings 4**  
**213 W State Street**  
**Hastings, MI 49058**  
**Parcel No.**  
**55-201-112-01**

(Value includes  
building, land and  
improvements)

Fee Owner

\$745,544.42

Book Value

\$745,544.42

55.7. **Three Rivers 6**  
**120 Enterprise Drive**  
**Three Rivers, MI**  
**49093**  
**Parcel No.**  
**051-510-004-00**

(Value includes  
building and land)

Fee Owner

\$1,003,045.32

Book Value

\$1,003,045.32

55.8. **Oxford 7**  
**48 S. Washington**  
**Street**  
**Oxford, MI 48371**  
**Parcel No.**  
**04-27-226-043**

(Value includes  
building and land)

Fee Owner

\$1,428,034.65

Book Value

\$1,428,034.65

55.9. **Eastside 10 IMAX**  
**300 Farabee Drive N**  
**Lafayette, IN 47905**  
**Parcel No.**  
**79-104-77135**

(Value includes  
building, land and  
improvements)

Fee Owner

\$1,133,893.31

Book Value

\$1,133,893.31

55.10 **Kendall 11**  
**95 Fifth Street**  
**Oswego, IL 60543**

(Value includes  
building, land and  
improvements)

Fee Owner

\$7,985,992.46

Book Value

\$7,985,992.46

Debtor Goodrich Quality Theaters, Inc.Case number (If known) 20-00759-swd

Name

55.11 **Huntington 7**  
 350 Hauenstein Road  
 Huntington, IN 46750  
 Parcel No.  
 35-05-09-200-780.001-  
 00

(Value includes  
 building, land, and  
 improvements)

Fee Owner

\$1,462,638.85

Book Value

\$1,462,638.85

55.12 **Huntington Drive-In**  
 1291 Condit Street  
 Huntington, IN 46750  
 Parcel No.  
 35-05-11-400-612.600-  
 00

(Value includes  
 building and land)

Fee Owner

\$236,631.57

Book Value

\$236,631.57

55.13 **Lebanon 7**  
 1600 N. Lebanon  
 Street  
 Lebanon, IN 46052  
 Parcel No.  
 015-02850-02

(Value includes  
 building and land)

Fee Owner

\$966,177.42

Book Value

\$966,177.42

55.14 **Brownsburg 8**  
 1555 N. Green Street  
 Brownsburg, IN  
 46112  
 Parcel No.  
 32-02-35-351-001.00-0  
 2

(Value includes  
 building and land)

Fee Owner

\$1,551,728.29

Book Value

\$1,551,728.29

55.15 **Savory 16 IMAX**  
 232 W. Burwash  
 Savoy, IL 61874

(Value includes land  
 and improvements)

Commercial  
Lease

\$3,863,518.35

Book Value

\$3,863,518.35

55.16 **Willow Knolls 14**  
 4100 W. Willow  
 Knolls Drive  
 Peoria, IL 61615

(Value includes land  
 and improvements)

Commerical  
Lease

\$808,641.25

Book Value

\$808,641.25

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Name

55.17 Bay City 10 GDX  
 4101 Wilder Road,  
 Suite R703  
 Bay City, MI 48706

(Value includes  
improvements)Commercial  
Lease

\$1,442,842.78

Book Value

\$1,442,842.78

55.18 Jackson 10  
 1501 North Wisner  
 Jackson, MI 49202

(Value includes  
improvements)Commercial  
Lease

\$137,077.40

Book Value

\$137,077.40

55.19 Randall 15 IMAX  
 550 N. Randall Road  
 Batavia, IL 60510

(Value includes land  
and improvements)Commercial  
Lease

\$634,031.60

Book Value

\$634,031.60

55.20 Ada-Lowell 5  
 2175 West Main  
 Street  
 Lowell, MI 49331

(Value includes  
improvements)Commercial  
Lease

\$64,250.12

Book Value

\$64,250.12

55.21 Grand Haven 9  
 17220 Hayes Street  
 Grand Haven, MI  
 49417

(Value includes  
improvements)Commercial  
Lease

\$20,507.34

Book Value

\$20,507.34

55.22 Wabash Landing 9  
 300 East State Street  
 West Lafayette, IN  
 47906

(Value includes  
improvements)Commerical  
Lease

\$620,376.61

Book Value

\$620,376.61

55.23 Quality 16  
 3686 Jackson Road  
 Ann Arbor, MI 48103

(Value includes land  
and improvements)Commercial  
Lease

\$690,017.09

Book Value

\$690,017.09

Debtor	Goodrich Quality Theaters, Inc.	Case number (If known) 20-00759-swd			
	Name				
55.24	Lafayette 7 3525 McCarty Lane Lafayette, IN 47904				
	(Value includes land and improvements)	Commercial Lease	\$63,554.80	Book Value	\$63,554.80
55.25	Forum 8 1209 Forum Katy Parkway Columbia, MO 65203				
	(Value includes building and land)	Land Lease	\$2,341,448.00	Book Value	\$2,341,448.00
55.26	Capital 8 3550 Country Club Drive Jefferson City, MO 65109				
	(Value includes building, land and improvements)	Land Lease	\$2,189,153.15	Book Value	\$2,189,153.15
55.27	Portage 16 IMAX 6550 US Highway 6 Portage, IN 46368				
	(Value includes land and improvements)	Commerical Lease	\$395,170.42	Book Value	\$395,170.42
55.28	Hamilton 16 13825 Norell Road Noblesville, IN 46060				
	(Value includes improvements)	Commercial Lease	\$283,780.41	Book Value	\$283,780.41
55.29	Quality 10 GDX 3250 Kabobel Saginaw, MI 48604				
	(Value includes land and improvements)	Commercial Lease	\$5,958,693.54	Book Value	\$5,958,693.54
55.30	Corporate Office 3777 44th Street SE Kentwood, MI 49512 Parcel No. 41-18-23-453-010				
	(Value includes building and land)	Fee Owner	\$449,073.55	Book Value	\$449,073.55

Debtor Goodrich Quality Theaters, Inc.  
NameCase number (If known) 20-00759-swd

55.31 **Corporate Office**  
**4417 Broadmoore**  
**Ave SE**  
**Kentwood, MI 49512**  
**Parcel No.**  
**41-18-25-101-002**

(Value includes  
building, land and  
improvements)

Fee Owner

\$413,050.19

Book Value

\$413,050.19

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$44,209,683.82**57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	<b>Patents, copyrights, trademarks, and trade secrets</b> <b>Trademark: GDX</b>	<b>\$0.00</b>		<b>\$0.00</b>
	<b>Trademark: GDX-Giant Digital Experience</b>	<b>\$0.00</b>		<b>\$0.00</b>
	<b>Trademark: Giant Digital Experience</b>	<b>\$0.00</b>		<b>\$0.00</b>
61.	<b>Internet domain names and websites</b> <b>www.gqtmovies.com</b>	<b>\$0.00</b>		<b>\$0.00</b>
62.	<b>Licenses, franchises, and royalties</b>			



Debtor Goodrich Quality Theaters, Inc.  
NameCase number (If known) 20-00759-swd**Liquor Licenses****Eastside 10 IMAX**  
**Lafayette, Indiana****Quality 10 GDX**  
**Saginaw, Michigan****Brownsburg 8 GDX**  
**Brownsburg, Indiana****Bay City 10 GDX**  
**Bay City, Michigan****Kalamazoo 10**  
**Kalamazoo, Michigan****Krafft 8**  
**Port Huron, Michigan****Kendall 11 GDX**  
**Oswego, Illinois****W. Columbia 7**  
**Battle Creek, Michigan****Portage 16 IMAX**  
**Portage, Indiana****Hamilton 16 IMAX**  
**Noblesville, Indiana****Jackson 10**  
**Jackson, Michigan****Wabash Landing 9**  
**West Lafayette, Indiana****\$358,741.45****Book Value****\$358,741.45**63. **Customer lists, mailing lists, or other compilations**64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$358,741.45**67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**

Debtor Goodrich Quality Theaters, Inc.  
NameCase number (If known) 20-00759-swd

## 70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of  
debtor's interest71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**Net operating loss**Tax year **2019****\$376,782.00****Michigan tax refund**Tax year **2019****\$36,491.00****Indiana tax refund**Tax year **2019****\$34,059.00****Illinois tax refund**Tax year **2019****\$45,531.00****Missouri tax refund**Tax year **2019****\$9,621.00****Federal tax refund**Tax year **2019****\$250,000.00****City of Battle Creek tax refund**Tax year **2019****\$353.00****City of Jackson tax refund**Tax year **2019****\$700.00****City of Port Huron tax refund**Tax year **2019****\$380.00**73. **Interests in insurance policies or annuities****Blue Cross Blue Shield of Michigan  
Health Insurance Policy****\$0.00****Chubb Group of Insurance Companies  
Property & Crime Insurance Policy****\$0.00****Hanover Insurance Group  
Directors & Fiduciary Liability Insurance Policy****\$0.00**

Debtor Goodrich Quality Theaters, Inc.  
Name

Case number (If known) 20-00759-swd

**Selective Insurance Company of South Carolina  
Commercial General Liability and Commercial  
Automobile Coverage**

**\$0.00**

**Travelers Property Casualty Company of America  
Umbrella Liability Insurance Policy**

**\$0.00**

**Accident Fund Insurance Company of America  
Workers' Compensation**

**\$0.00**

**Illinois Union Insurance Company  
Westchester- A Chubb Company  
Liquor Liability Policy**

**\$0.00**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**  
**Goodrich Quality Theaters, Inc. v Forum Shopping Center, LLC et al**  
**Case No. 18BA-CV05180**  
**(Parking lot dispute. Debtor does not anticipate a monetary settlement)**

**\$0.00**

Nature of claim

**CC Injunction**

Amount requested

**\$0.00**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

**Pepsi Sponsorship rebate**

**\$1,270,387.09**

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$2,024,304.09**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Goodrich Quality Theaters, Inc.  
NameCase number (If known) 20-00759-swd**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$924,909.26</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$105,181.69</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$444,332.45</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$1,463,214.50</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$450,744.70</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$125,063.74</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$10,768,534.70</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$44,209,683.82</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$358,741.45</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$2,024,304.09</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$16,665,026.58</u>	<u>+ 91b. \$44,209,683.82</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$60,874,710.40</u>

**Fill in this information to identify the case:**Debtor name **Goodrich Quality Theaters, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **20-00759-swd**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>CIBC Bank USA</b> Creditor's Name  <b>120 South LaSalle Street</b> Chicago, IL 60603 Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>7/2013-</b> Last 4 digits of account number	Describe debtor's property that is subject to a lien <b>2500 W. Columbia Ave, 202 S. Mitchell Street, 500 Waverly Road, 2725 Krafft, 820 Maple Hill Dr, 213 W. State Street, 120 Enterprise Drive, 350 Hauenstein Road, 3525 McCarty Lane &amp; 300 Farabee Drive N</b>  Describe the lien <b>UCC Financing Statement &amp; Recorded Mortgages</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,300,000.00</b> <b>\$15,300,000.00</b>
<b>2.2</b>	<b>Independent Bank</b> Creditor's Name  <b>4200 E. Beltline Ave NE</b> Grand Rapids, MI 49525 Creditor's mailing address  Creditor's email address, if known  Date debt was incurred	Describe debtor's property that is subject to a lien <b>Kendall 11</b> 95 Fifth Street Oswego, IL 60543  (Value includes building, land and improvements)  Describe the lien <b>Mortgage</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No	<b>\$7,350,000.00</b> <b>\$7,985,992.46</b>

Debtor **Goodrich Quality Theaters, Inc.**  
NameCase number (if known) **20-00759-swd****2012-**  
Last 4 digits of account number☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed**2.3 Macatawa Bank**

Creditor's Name

**10753 Macatawa Bank  
Holland, MI 49424**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$7,350,000.00****\$7,350,000.00**

Describe the lien

**Mortgage**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed**2.4 Spirit Master Funding X LLC**

Creditor's Name

**2727 N. Hardwood Street  
Suite 300  
Dallas, TX 75201**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**2006-**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$369,078.17****\$369,078.17****Landlord's lien: Randall 15 IMAX, 550 N. Randall Road, Batavia, IL 60510; Hamilton 16 IMAX, 13825, Norell Road, Noblesville, IN 46060; Quality 10 GDX, 3250 Kabobel Saginaw, MI 48604; Portage 16 IMAX, 6550 US Highway 6, Portage, IN 46368**

Describe the lien

**UCC Financing Statement**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$30,369,078.**

Debtor **Goodrich Quality Theaters, Inc.**  
NameCase number (if known) **20-00759-swd**

17

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?Last 4 digits of  
account number for  
this entity

**Brendan G. Best Esq.**  
**Varnum LLP**  
**160 W. Fort Street**  
**Fifth Floor**  
**Detroit, MI 48226**

Line 2.1

**Jonathan S. Green Esq.**  
**Miller Canfield Paddock Stone**  
**150 W. Jefferson Avenue**  
**Suite 2500**  
**Detroit, MI 48226**

Line 2.2

**Marc N. Swanson Esq.**  
**Miller Canfield Paddock Stone**  
**150 W. Jefferson Avenue**  
**Suite 2500**  
**Detroit, MI 48226**

Line 2.2

**Steven A. Roach Esq.**  
**Miller Canfield Paddock Stone**  
**150 W. Jefferson Avenue**  
**Suite 2500**  
**Detroit, MI 48226**

Line 2.2

**Thomas B. Fullerton Esq.**  
**Akerman LLP**  
**71 S. Wacker Drive**  
**47th Floor**  
**Chicago, IL 60606**

Line 2.4

**Timothy Hillegonds Esq.**  
**Warner Norcross & Judd LLP**  
**1500 Warner Building**  
**150 Ottawa Ave NW**  
**Grand Rapids, MI 49503**

Line 2.3

**William L. Thompson Esq.**  
**Varnum LLP**  
**160 W. Fort Street**  
**Fifth Floor**  
**Detroit, MI 48226**

Line 2.1

**Fill in this information to identify the case:**Debtor name **Goodrich Quality Theaters, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **20-00759-swd**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>A24 Films</b> <b>PO Box 8297</b> <b>Pasadena, CA 91109</b> Date(s) debt was incurred <b>2019-</b> Last 4 digits of account number <b>_</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$2,214.92</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>AARP</b> <b>PO Box 2400</b> <b>Long Beach, CA 90801</b> Date(s) debt was incurred <b>2020-</b> Last 4 digits of account number <b>_</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$15.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>AC Klopfe Inc.</b> <b>524 S. Franklin Street</b> <b>Saginaw, MI 48607</b> Date(s) debt was incurred <b>2020-</b> Last 4 digits of account number <b>_</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$12,142.34</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ACC Business</b> <b>PO Box 105306</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred <b>2020-</b> Last 4 digits of account number <b>_</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Utilities</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$2,023.74</b>



Debtor	<b>Goodrich Quality Theaters, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-00759-swd</b>
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Accountemps</b> <b>12400 Collection Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,288.00</b>
<hr/>			
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Action Plumbing &amp; Mechanical</b> <b>1134 Morren Court</b> <b>Wayland, MI 49348</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,232.83</b>
<hr/>			
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Advanced Mechanical Services</b> <b>19466 - 18 Mile Road</b> <b>Leroy, MI 49655</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$399.81</b>
<hr/>			
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Air Delights Inc.</b> <b>11170 SW 5th Street</b> <b>Suite 100</b> <b>Beaverton, OR 97005</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,767.95</b>
<hr/>			
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas National Carbonation</b> <b>PO Box 734673</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,377.88</b>
<hr/>			
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Aladdin Electric Inc.</b> <b>4809 James McDivitt</b> <b>Jackson, MI 49201</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$546.10</b>
<hr/>			
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>All In One Restoration</b> <b>8024 Kersey Drive</b> <b>Indianapolis, IN 46236</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>All Star Carpet Care</b> <b>8261 Redondo Drive</b> <b>Indianapolis, IN 46236</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,086.00</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Allen Supply</b> <b>2800 Universal Drive</b> <b>Saginaw, MI 48603</b> Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$143.00</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Allied Universal Technology</b> <b>5975 Crossroads Commerce SW</b> <b>Wyoming, MI 49519</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$721.29</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Ameren Illinois</b> <b>PO Box 88034</b> <b>Chicago, IL 60608</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,162.60</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Ameren Missouri</b> <b>PO Box 88068</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,040.67</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>American Atheists</b> <b>PO Box 5733</b> <b>Parsippany, NJ 07054</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>American Dowell Signcrafters</b> <b>4812 North Cunningham Ave</b> <b>Urbana, IL 61802</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,497.50</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 0001</b> <b>Los Angeles, CA 90096-8000</b> Date(s) debt was incurred <u>2012-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,651.55</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Andrew Rogers</b> <b>6025 St. Francis Ct.</b> <b>Jefferson City, MO 65101</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Applied Imaging</b> <b>7718 Solution Center</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,047.15</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Aqua Systems</b> <b>7785 East US Hwy 36</b> <b>Avon, IN 46123</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$464.94</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Aramark</b> <b>22512 Network Drive</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,820.90</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Arrow Pest Control</b> <b>1815 North Michigan Street</b> <b>PO Box 515</b> <b>Plymouth, IN 46563</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Arrowwaste Inc.</b> <b>PO Box 828</b> <b>Jenison, MI 49429</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$273.94</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Audio Imaging Specialists</b> <b>57018 Juliann Court</b> <b>Washington, MI 48094</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,826.14</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Awards Unlimited</b> <b>3031 Union Street</b> <b>Lafayette, IN 47904</b> Date(s) debt was incurred <u>2019-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$341.10</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>AWS Films LLC</b> <b>3204 Destiny Street</b> <b>Portage, IN 46368</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$886.54</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Baer Glass Inc.</b> <b>2416 W. Farmington Road</b> <b>Peoria, IL 61604</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$217.50</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Bar Management Consultants</b> <b>PO Box 26</b> <b>Kouts, IN 46347</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Bert Reimink Plumbing/Heating</b> <b>310 Lincoln Ave</b> <b>PO Box 1106</b> <b>Holland, MI 49422</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$248.42</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Besco Water Treatment Inc.</b> <b>PO Box 1309</b> <b>Battle Creek, MI 49016</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$246.63</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-00759-swd</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Best Buy Company</b> <b>PO Box 731247</b> <b>Dallas, TX 75373</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.31</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Bevinco Nei LLC</b> <b>231 Whispering Willow Court</b> <b>Noblesville, IN 46060</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,820.00</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Black Gold Septic Inc.</b> <b>1805 Phelps Dr</b> <b>Batavia, IL 60510</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Blair Oaks Middle School</b> <b>Home and School</b> <b>6124 Falcon Lane</b> <b>Jefferson City, MO 65101</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84.77</b>
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Bleeker Street Media, LLC</b> <b>PO Box 51744</b> <b>Los Angeles, CA 90051</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$338.19</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Bloomfield Mechanical</b> <b>6636 Melton Road</b> <b>Portage, IN 46368</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,791.68</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Bone Dry Roofing</b> <b>7735 Winston Drive</b> <b>Indianapolis, IN 46268</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-00759-swd</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Brent J. Kugman &amp; Associates</b> <b>134 North LaSalle Street</b> <b>Suite 1500</b> <b>Chicago, IL 60654</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Bruce Barnes</b> <b>17928 Hollow Brook</b> <b>Noblesville, IN 46062</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$420.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Canfield Plumbing &amp; Heating</b> <b>411 E. Main</b> <b>Lowell, MI 49331</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Cascade Sprinkler Inspection</b> <b>347 E. Main Street</b> <b>Spring Arbor, MI 49283</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Centech</b> <b>4316 RT CC</b> <b>Jefferson City, MO 65109</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,736.25</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Central Restaurant Products</b> <b>PO Box 78070</b> <b>Indianapolis, IN 46278</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$686.25</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Century Floorspace</b> <b>719 Century</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,960.37</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Chad Ford Snow Removal &amp; Concrete</b> <b>1005 Summerhill Drive</b> <b>Aurora, IL 60506</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Champaign Heating &amp; Air</b> <b>PO Box 694</b> <b>Champaign, IL 61824</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,465.45</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Christie Digital Systems</b> <b>PO Box 513386</b> <b>Los Angeles, CA 90051</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$186,114.77</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Cinema Edge LLC</b> <b>638 Ferguson Road</b> <b>Suite 3</b> <b>Bozeman, MT 59718</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Cinema Scene</b> <b>9200 Indian Creek Pkwy</b> <b>Suite 200</b> <b>Overland Park, KS 66210</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,563.80</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas First Aid and Safety</b> <b>PO Box 631025</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126.14</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Cipher Ltd</b> <b>1556 Crescent Lake Drive</b> <b>Montgomery, IL 60538</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,773.00</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Citadel Lock and Security Co.</b> <b>105 Theodore Dr</b> <b>Oswego, IL 60543</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$222.75</b>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>City Glass Shop, Inc.</b> <b>401 Bell Ave</b> <b>Cadillac, MI 49601</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$628.60</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>City of Batavia- Utilities</b> <b>100 N. Island Drive</b> <b>Batavia, IL 60510</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,863.67</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>City of Batavia- Utilities</b> <b>100 N. Island Drive</b> <b>Batavia, IL 60510</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$681.00</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>City of Cadillac</b> <b>Utilities Department</b> <b>200 Lake Street</b> <b>Cadillac, MI 49601</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$675.30</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>City of Columbia</b> <b>PO Box 1676</b> <b>Columbia, MO 65205</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,621.97</b>
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>City of Columbia- Roll Off</b> <b>Finance Department</b> <b>PO Box 6912</b> <b>Columbia, MO 65205</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$424.04</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>City of Grand Rapids Water</b> <b>300 Monroe Ave. NW</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$428.63</b>
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>City of Hastings- Water</b> <b>201 W. State Street</b> <b>Hastings, MI 49058</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264.64</b>
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>City of Jackson</b> <b>Utility Billing</b> <b>161 W. Michigan Ave</b> <b>Jackson, MI 49201</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,842.99</b>
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>City of Jefferson</b> <b>PO Box 1278</b> <b>Jefferson City, MO 65102</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$436.69</b>
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>City of Kalamazoo</b> <b>Water/Sewer Dept.</b> <b>241 W. South Street</b> <b>Kalamazoo, MI 49007</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$428.57</b>
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>City of Lafayette</b> <b>Utility Office</b> <b>PO Box 1688</b> <b>Lafayette, IN 47902</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,949.39</b>
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>City of Lafayette- Stormwater</b> <b>Utility Office</b> <b>PO Box 1688</b> <b>Lafayette, IN 47902</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$324.62</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>City of Lowell</b> <b>301 East Main Street</b> <b>Lowell, MI 49331</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$466.39</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>City of Noblesville Utilities</b> <b>PO Box 78864</b> <b>Detroit, MI 48278</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$583.77</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>City of Port Huron</b> <b>Water Office</b> <b>100 McMorran Blvd</b> <b>Port Huron, MI 48060</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$730.18</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>City Utilities</b> <b>300 Cherry Street</b> <b>Huntington, IN 46750</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$639.22</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Cofessco Fire Protection</b> <b>411 Ottawa Street</b> <b>Muskegon, MI 49442</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,099.05</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Colarossi Lawn Care LLC</b> <b>160 N. Staebler Road</b> <b>Suite D</b> <b>Ann Arbor, MI 48103</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,930.00</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Collier E Nichols</b> <b>2112 Red Oak Drive</b> <b>Suite A</b> <b>Jefferson City, MO 65109</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Business Services</b> <b>41112 Concept Drive</b> <b>Plymouth, MI 48170</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$285.38</b>
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Business Services</b> <b>41112 Concept Drive</b> <b>Plymouth, MI 48170</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,049.38</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>COMED</b> <b>PO Box 6111</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,748.31</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Commercial Property</b> <b>Maintenance</b> <b>PO Box 306</b> <b>Three Rivers, MI 49093</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$590.00</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Complete Solutions &amp; Sourcing Inc.</b> <b>PO Box 461</b> <b>Montrose, NY 10548</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,252.83</b>
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Comprehensive Film Booking Inc</b> <b>9800 Medlock Bridge Road</b> <b>Duluth, GA 30097</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,419.31</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Comprenew Corporation</b> <b>629 Ionia Ave SW</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$292.90</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Constellation Energy Services</b> <b>PO Box 5473</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,314.54</b>
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3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Consumers Energy</b> <b>PO Box 74309</b> <b>Cincinnati, OH 45274-0309</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,651.02</b>
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3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Control Solutions</b> <b>8535 Byron Commerce Drive SW</b> <b>Byron Center, MI 49315</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>
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3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Craig Wagoner Electric Inc.</b> <b>100 Farabee Drive</b> <b>Unit C</b> <b>Lafayette, IN 47905</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$309.00</b>
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3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Cretors</b> <b>176 Mittel Drive</b> <b>Wood Dale, IL 60191</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$992.43</b>
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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Critical Systems Services LLC</b> <b>2360 Oak Industrial Drive NE</b> <b>Grand Rapids, MI 49505</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$803.49</b>
<hr/>			
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan Water of Valparaiso</b> <b>4600 Airport Drive</b> <b>Valparaiso, IN 46383</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$557.62</b>

Debtor	Name	Case number (if known)	20-00759-swd
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Cummins- Allison Co.</b> <b>PO Box 339</b> <b>Mount Prospect, IL 60056</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.12</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>D-Box USA</b> <b>1209 Orange Street</b> <b>Wilmington, DE 19801</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,507.66</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Deluxe Digital Media Inc.</b> <b>PO Box 746996</b> <b>Los Angeles, CA 90074</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,364.20</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Dependable Refrigeration</b> <b>&amp; A/C, Inc.</b> <b>2302 Wadhams Road</b> <b>Smiths Creek, MI 48074</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$365.06</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Dependable Sewer Cleaners</b> <b>PO Box 1400</b> <b>Saginaw, MI 48604</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$560.00</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Dew Sprinkler Service Inc.</b> <b>3628 Becket Lane</b> <b>Naperville, IL 60564</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Digital Cinema Distribution</b> <b>Coalition</b> <b>1840 Century Park East</b> <b>Suite 550</b> <b>Los Angeles, CA 90067</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,193.06</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Direct Paper Supply</b> <b>1721 Maplelane Ave</b> <b>Hazel Park, MI 48030</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,463.30</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Direct TV</b> <b>PO Box 5006</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$196.44</b>
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Discount Plush</b> <b>8270 S. Kyrene</b> <b>Suite 104</b> <b>Tempe, AZ 85284</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,320.00</b>
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>DJ Lawn &amp; Landscaping LLC</b> <b>14901 Bower Road</b> <b>Bellevue, MI 49021</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,105.00</b>
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Dolby Laboratories Inc.</b> <b>16841 Collections Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,639.14</b>
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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>DTE Energy</b> <b>PO Box 740786</b> <b>Cincinnati, OH 45274</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,288.72</b>
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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>DTR Sign Co.</b> <b>6315 Thornapple Valley Drive</b> <b>Hastings, MI 49058</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$613.94</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Duke Energy</b> <b>PO Box 1326</b> <b>Charlotte, NC 28201</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,690.57</b>
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3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Dunbar Security Products Inc.</b> <b>8525 Kelson Drive</b> <b>Suite L</b> <b>Essex, MD 21221</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$847.38</b>
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3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Dylan Yeager</b> <b>9895 Adventure Pass</b> <b>Noblesville, IN 46060</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
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3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Edmondson Security Solutions</b> <b>1729 Plateau Drive</b> <b>Jackson, MI 49203</b> Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,840.00</b>
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3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Edwards Electrical &amp; Mechanica</b> <b>PO Box 14500</b> <b>Cincinnati, OH 45250</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169.00</b>
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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Elder's Carpet &amp; Design</b> <b>3615 Oriole Street SW</b> <b>Wyoming, MI 49509</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$920.00</b>
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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Engineered Protection Systems</b> <b>750 Front Ave NW</b> <b>Suite 300</b> <b>Grand Rapids, MI 49504</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$252.00</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Eric Cunningham</b> <b>12602 Amber Star Dr</b> <b>Noblesville, IN 46060</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
<hr/>			
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Extereme Outdoor Solutions</b> <b>7605 W. CR 800 N</b> <b>Rossville, IN 46065</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$521.24</b>
<hr/>			
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Exterior View Inc.</b> <b>5798 E. 50 S.</b> <b>Lafayette, IN 47905</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,180.00</b>
<hr/>			
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>F.E. Moran Inc.</b> <b>201 W. University Ave</b> <b>Champaign, IL 61820</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$217.50</b>
<hr/>			
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Faith Mechanical Inc.</b> <b>30 W 260 Butterfield Road</b> <b>Suite 220</b> <b>Warrenville, IL 60555</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,077.49</b>
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3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Flex Administrators Inc.</b> <b>77 Monroe Center NW</b> <b>Suite 1100</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,838.20</b>
<hr/>			
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Flex Administrators Inc.</b> <b>77 Monroe Center NW</b> <b>Suite 1100</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,048.63</b>



Debtor	Goodrich Quality Theaters, Inc.		Case number (if known)	20-00759-swd
	Name			
3.117	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,767.00
	Forbes Plumbing Inc. 6251 Oglethorpe Ave Portage, IN 46368	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>2020-</u>	Basis for the claim: <u>Services</u>		
	Last 4 digits of account number <u>  </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.118	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,691.03
	Forum Shopping Center LP 1400 Forum Blvd Suite 10.5 Columbia, MO 65203	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>2020-</u>	Basis for the claim: <u>Past due rents</u>		
	Last 4 digits of account number <u>  </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.119	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,518.88
	Fox Metro PO Box 160 Aurora, IL 60507	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>2020-</u>	Basis for the claim: <u>Services</u>		
	Last 4 digits of account number <u>  </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.120	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$600.00
	Fox Valley Fire & Safety 2730 Pinnacle Drive Elgin, IL 60124	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>2020-</u>	Basis for the claim: <u>Services</u>		
	Last 4 digits of account number <u>  </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.121	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$55.00
	Friends of the Smithsonian PO Box 37012 Washington, DC 20013	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>2020-</u>	Basis for the claim: <u>Services</u>		
	Last 4 digits of account number <u>  </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.122	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$650.00
	FW/AC Convention & Vistors 927 South Harrison Suite 101 Fort Wayne, IN 46802	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>2020-</u>	Basis for the claim: <u>Services</u>		
	Last 4 digits of account number <u>  </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.123	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,631.50
	GABO Filter Inc. 869 E. Foothill Blvd Suite G Upland, CA 91786	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>2020-</u>	Basis for the claim: <u>Services</u>		
	Last 4 digits of account number <u>  </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	20-00759-swd
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Getz Fire Equipment Company</b> <b>1615 S.W. Adams Street</b> <b>Peoria, IL 61651</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,363.00</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>GKIDS, Inc.</b> <b>225 Broadway</b> <b>Suite 2610</b> <b>New York, NY 10007</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,042.40</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Glesco Electric Inc.</b> <b>225 Broadway, Suite 2610</b> <b>New York, NY 10007</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.00</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Gold Metal Products Co.</b> <b>10700 Medallion Drive</b> <b>Cincinnati, OH 45241</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$823.69</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Gold Metal Products Co.</b> <b>10700 Medallion Drive</b> <b>Cincinnati, OH 45241</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,772.63</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Government Accountability Project</b> <b>PO Box 96190</b> <b>Washington, DC 20077</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>GR Historial Society</b> <b>c/o GR Public Library</b> <b>111 Library Street NE</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.00</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger Inc.</b> <b>Dept 853019305</b> <b>Palatine, IL 60038</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94.32</b>
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3.132	<b>Nonpriority creditor's name and mailing address</b> <b>Grand Electric, Inc.</b> <b>2542 Marble Court</b> <b>Zeeland, MI 49464</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,908.00</b>
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3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Grand Haven Charter Township</b> <b>13300 168th Ave</b> <b>Grand Haven, MI 49417</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$307.85</b>
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3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Granite Telecommunications</b> <b>1170 Plainfield Ave NE</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$303.02</b>
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3.135	<b>Nonpriority creditor's name and mailing address</b> <b>G Rapids Irrigation</b> <b>1170 Plainfield Ave NE</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$207.90</b>
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3.136	<b>Nonpriority creditor's name and mailing address</b> <b>Greater Lafayette</b> <b>Chamber of Commerce</b> <b>337 Columbia Street</b> <b>Lafayette, IN 47901</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
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3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Greenleaf Trust</b> <b>211 South Rose Street</b> <b>Kalamazoo, MI 49007</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,484.63</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Gregory Michael Hargrove</b> <b>913 Arrowwood Dr</b> <b>Carmel, IN 46033</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.00</b>
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3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian Alarm</b> <b>75 Remittance</b> <b>Department 1376</b> <b>Chicago, IL 60675</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$416.25</b>
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3.140	<b>Nonpriority creditor's name and mailing address</b> <b>Gulliford Septic Service</b> <b>1009 Boyden</b> <b>Urbana, IL 61802</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.00</b>
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3.141	<b>Nonpriority creditor's name and mailing address</b> <b>Gurney Bush</b> <b>1456 Oliver Ave</b> <b>Indianapolis, IN 46221</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
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3.142	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton Inn- Lafayette</b> <b>3941 South Street</b> <b>Lafayette, IN 47905</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$901.60</b>
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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Hampton Inn &amp; Suites</b> <b>Brownsburg</b> <b>41 Maplehurst Dr</b> <b>Brownsburg, IN 46112</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$897.68</b>
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3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Hampton Inn Indianapolis NE</b> <b>6817 East 82nd Street</b> <b>Indianapolis, IN 46250</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98.46</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Harness &amp; Associates LLC</b> <b>PO Box 2302</b> <b>Jefferson City, MO 65101</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$395.21</b>
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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Heartland Film Festival</b> <b>1043 Virginia Ave</b> <b>Indianapolis, IN 46203</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Heartland REMC</b> <b>PO Box 605</b> <b>Markle, IN 46770</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$426.69</b>
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3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Hersker Enterprises</b> <b>Attention John Hersker</b> <b>69 Public Square</b> <b>Suite 806</b> <b>Wilkes Barre, PA 18701</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,975.40</b>
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3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Hoffman Lawn Care</b> <b>3520 36th Street SE</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,269.34</b>
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3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Holland Board of Public Works</b> <b>625 Hastings Ave.</b> <b>Holland, MI 49423-5475</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$426.69</b>
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3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Home Depot Commercial Credit</b> <b>PO Box 78047</b> <b>Phoenix, AZ 85062</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.59</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Homeworks of Batavia</b> <b>1431 Surrey Road</b> <b>Batavia, IL 60510</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,787.50</b>
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3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Hoosier Refreshment</b> <b>1031 N. 3rd</b> <b>PO Box 449</b> <b>Marenisco, MI 49947</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,394.78</b>
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3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Hopper Septic &amp; Excavating</b> <b>6753 West 300 South</b> <b>Jamestown, IN 46147</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,706.25</b>
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3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Huston Electric</b> <b>PO Box 904</b> <b>Kokomo, IN 46903</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,577.01</b>
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3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Hyland Group</b> <b>PO Box 1687</b> <b>Toledo, OH 43603</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,991.76</b>
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3.157	<b>Nonpriority creditor's name and mailing address</b> <b>IBM Corporation</b> <b>PO Box 643600</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$636.20</b>
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3.158	<b>Nonpriority creditor's name and mailing address</b> <b>ICE-Masters</b> <b>421 S. Kentucky</b> <b>Sedalia, MO 65301</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,330.16</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.159	<b>Nonpriority creditor's name and mailing address</b> <b>Illinois American Water Co.</b> <b>PO Box 3027</b> <b>Milwaukee, WI 53201</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,117.02</b>
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3.160	<b>Nonpriority creditor's name and mailing address</b> <b>IMAX Corporation</b> <b>2525 Speakman Drive</b> <b>Mississauga Ontario L5K 181</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113,289.84</b>
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3.161	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana American Water</b> <b>PO Box 6029</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,424.65</b>
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3.162	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Michigan Power Co.</b> <b>PO Box 24407</b> <b>Canton, OH 44701</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,910.85</b>
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3.163	<b>Nonpriority creditor's name and mailing address</b> <b>Indusco Supply Company</b> <b>1445 S. Washington Ave</b> <b>Lansing, MI 48910</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42,743.73</b>
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3.164	<b>Nonpriority creditor's name and mailing address</b> <b>Ingersoll Mechanical Inc.</b> <b>47918 West Road</b> <b>Wixom, MI 48393</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,782.75</b>
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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Inline Painting</b> <b>1413 E. Naomi Street</b> <b>Indianapolis, IN 46203</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,905.00</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.166	<b>Nonpriority creditor's name and mailing address</b> <b>Institute for Policy Studies</b> <b>1112 16th Street NW</b> <b>Washington, DC 20036</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
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3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Integrity Business Solutions</b> <b>4740 Talon Court SE</b> <b>Suite 8</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,414.94</b>
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3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Intellishield</b> <b>1192 E. Draper Pkwy #232</b> <b>Draper, UT 84020</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$260.60</b>
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3.169	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;S Electric and Sign Inc.</b> <b>101 E. Illinois Ave</b> <b>Aurora, IL 60505</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.00</b>
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3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Jack Roe USA, Inc.</b> <b>206 South 11th Street</b> <b>Nashville, TN 37206</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,171.90</b>
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3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Jackson Crossing Realty LLC</b> <b>c/o Namdar Realty Group LLC</b> <b>150 Great Neck Road</b> <b>Suite 304</b> <b>Great Neck, NY 11021</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,297.74</b>
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3.172	<b>Nonpriority creditor's name and mailing address</b> <b>Jeremy Curtis</b> <b>4417 Broadmoor Ave SE</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$531.46</b>
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Debtor Name	Case number (if known)	
<b>Goodrich Quality Theaters, Inc.</b>	<b>20-00759-swd</b>	
<b>3.173</b> Nonpriority creditor's name and mailing address <b>Joe's Inc.</b> <b>726 W. US Hwy 30</b> <b>Valparaiso, IN 46383</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,362.26</b>
<b>3.174</b> Nonpriority creditor's name and mailing address <b>Johnson Controls Security Solutions</b> <b>PO Box 371967</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$422.93</b>
<b>3.175</b> Nonpriority creditor's name and mailing address <b>Johnson Mechanical Services</b> <b>1820 Riverway Drive</b> <b>Pekin, IL 61554</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$617.50</b>
<b>3.176</b> Nonpriority creditor's name and mailing address <b>Kendall County Illinois Sheriff's Office</b> <b>Attention Dwight Baird</b> <b>1102 Cornell Lane</b> <b>Yorkville, IL 60560</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,479.56</b>
<b>3.177</b> Nonpriority creditor's name and mailing address <b>Kingdom Lawn Maintenance</b> <b>5300 North Road</b> <b>North Street, MI 48049</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,980.00</b>
<b>3.178</b> Nonpriority creditor's name and mailing address <b>Kochville Township Water/Sewer</b> <b>5851 Mackinaw Road</b> <b>Saginaw, MI 48604</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,462.26</b>
<b>3.179</b> Nonpriority creditor's name and mailing address <b>Kochville Township Treasurer</b> <b>5851 Mackinaw Road</b> <b>Saginaw, MI 48604</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>

Debtor <b>Goodrich Quality Theaters, Inc.</b>		Case number (if known) <b>20-00759-swd</b>
Name		

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3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Koonse Glass</b> <b>4153 Paris Road</b> <b>Columbia, MO 65202</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.00</b>
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3.181	<b>Nonpriority creditor's name and mailing address</b> <b>Koorsen Protection Services</b> <b>2719 N. Arlington Ave</b> <b>Indianapolis, IN 46218</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,109.77</b>
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3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Kreiling Roofing Co.</b> <b>2335 W. Altorfer Drive</b> <b>Peoria, IL 61615</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,450.20</b>
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3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Lafayette Hood &amp; Duct Cleaning</b> <b>6621 S. 200 E.</b> <b>Lafayette, IN 47909</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
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3.184	<b>Nonpriority creditor's name and mailing address</b> <b>Lake Orion Plumbing</b> <b>40 Engelwood Drive</b> <b>Suite 1</b> <b>Lake Orion, MI 48359</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$363.53</b>
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3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Laser's Resource</b> <b>4775 - 40th Street SE</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259.49</b>
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3.186	<b>Nonpriority creditor's name and mailing address</b> <b>Lawn &amp; Shrub, Inc.</b> <b>PO Box 155</b> <b>Buck Creek, IN 47924</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,435.25</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.187	<b>Nonpriority creditor's name and mailing address</b> <b>Lebanon Utilities</b> <b>401 S. Meridian Street</b> <b>Lebanon, IN 46052</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,487.86</b>
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3.188	<b>Nonpriority creditor's name and mailing address</b> <b>Lennox Industries, Inc.</b> <b>PO Box 910549</b> <b>Dallas, TX 75391</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,628.90</b>
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3.189	<b>Nonpriority creditor's name and mailing address</b> <b>Leonard's Syrups</b> <b>PO Box 77000</b> <b>Department 771409</b> <b>Detroit, MI 48277</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$521.64</b>
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3.190	<b>Nonpriority creditor's name and mailing address</b> <b>Les Martin</b> <b>2401 Yorktown Drive</b> <b>Jefferson City, MO 65109</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.00</b>
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3.191	<b>Nonpriority creditor's name and mailing address</b> <b>Lighthouse Cabinets</b> <b>2074 Rogue River Road NE</b> <b>Belmont, MI 49306</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$460.00</b>
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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>Lionsgate</b> <b>2700 Colorado</b> <b>Suite 200</b> <b>Santa Monica, CA 90404</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services- Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,482.74</b>
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3.193	<b>Nonpriority creditor's name and mailing address</b> <b>Lowell Light and Power</b> <b>127 North Broadway</b> <b>PO Box 229</b> <b>Lowell, MI 49331</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$307.85</b>
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Debtor Name	Case number (if known)	
<b>Goodrich Quality Theaters, Inc.</b>	<b>20-00759-swd</b>	
3.194 Nonpriority creditor's name and mailing address <b>LTi</b> <b>PO Box 31001-2422</b> <b>Pasadena, CA 91110</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,728.00</b>
3.195 Nonpriority creditor's name and mailing address <b>M&amp;H Gas</b> <b>4230 Washington Ave</b> <b>Independence, MO 64055</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$418.93</b>
3.196 Nonpriority creditor's name and mailing address <b>Macatawa Landscaping &amp; Lawn Care</b> <b>PO Box 228</b> <b>Zeeland, MI 49464</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,593.00</b>
3.197 Nonpriority creditor's name and mailing address <b>Macatawa Landscaping &amp; Lawn Care</b> <b>PO Box 228</b> <b>Zeeland, MI 49464</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,593.00</b>
3.198 Nonpriority creditor's name and mailing address <b>Maclellan HVAC &amp; Mechanical</b> <b>3120 Wall Street</b> <b>Suite 1400</b> <b>Lexington, KY 40513</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,332.39</b>
3.199 Nonpriority creditor's name and mailing address <b>Martha's Vineyard Ltd</b> <b>200 Union NE</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,239.13</b>
3.200 Nonpriority creditor's name and mailing address <b>Mary Kay Goodrich</b> <b>31 Island Way</b> <b>Apartment #606</b> <b>Clearwater, FL 33769</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,650.00</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Maveric Mechanical &amp; Plumbing</b> <b>8992 W. Jennings Road</b> <b>Lake City, MI 49651</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,195.70</b>
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3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Steffen</b> <b>15494 Slateford Road</b> <b>Noblesville, IN 46062</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$385.00</b>
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3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Department of State</b> <b>7064 Crouner Drive</b> <b>Lansing, MI 48980</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$677.00</b>
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3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Electro Freeze</b> <b>32- 43rd Street SW</b> <b>Grand Rapids, MI 49548</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,498.93</b>
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3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Gas Utilities</b> <b>PO Box 3140</b> <b>Milwaukee, WI 53201</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,487.88</b>
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3.206	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Theater</b> <b>603 East Liberty Street</b> <b>Ann Arbor, MI 48104</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Microsoft Corporation</b> <b>PO Box 5540</b> <b>Pleasanton, CA 94566</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,972.70</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Miracle Water- Ecowater</b> <b>802 Franklin Street</b> <b>Valparaiso, IN 46383</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$379.02</b>
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3.209	<b>Nonpriority creditor's name and mailing address</b> <b>Movio Limited</b> <b>6300 Wilshire Blvd</b> <b>Suite 940</b> <b>Los Angeles, CA 90048</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,262.50</b>
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3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Mulhaupt's Inc.</b> <b>209-213 North Fifth Street</b> <b>Lafayette, IN 47901</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,617.85</b>
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3.211	<b>Nonpriority creditor's name and mailing address</b> <b>NCM Fathom Entertainment</b> <b>6465 S. Greenwood Plaza Blvd</b> <b>Suite 550</b> <b>Englewood, CO 80111</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,473.17</b>
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3.212	<b>Nonpriority creditor's name and mailing address</b> <b>Neon Rated LLC</b> <b>PO Box 2748</b> <b>San Antonio, TX 78299</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,968.82</b>
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3.213	<b>Nonpriority creditor's name and mailing address</b> <b>New Star LLC</b> <b>507 W. Ridge Street</b> <b>Yorkville, IL 60560</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,319.50</b>
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3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Nicor Gas</b> <b>PO Box 5407</b> <b>Carol Stream, IL 60197</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,105.67</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.215	<b>Nonpriority creditor's name and mailing address</b> <b>Nipsco</b> <b>PO Box 13007</b> <b>Merrillville, IN 46411</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,413.56</b>
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3.216	<b>Nonpriority creditor's name and mailing address</b> <b>Odyssey Products Inc.</b> <b>5150 Peachtree Industrial Blvd</b> <b>Norcross, GA 30071</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$474.26</b>
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3.217	<b>Nonpriority creditor's name and mailing address</b> <b>Old World Plumbing</b> <b>555 S. Kirk Road</b> <b>Saint Charles, IL 60174</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$799.00</b>
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3.218	<b>Nonpriority creditor's name and mailing address</b> <b>Onsite Wellness</b> <b>PO Box 6634</b> <b>Grand Rapids, MI 49516</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,700.00</b>
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3.219	<b>Nonpriority creditor's name and mailing address</b> <b>Orkin Pest Control</b> <b>PO Box 638898</b> <b>Cincinnati, OH 45263</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,464.94</b>
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3.220	<b>Nonpriority creditor's name and mailing address</b> <b>Otis Elevator Company</b> <b>PO Box 73579</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,191.43</b>
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3.221	<b>Nonpriority creditor's name and mailing address</b> <b>Paradigm Design</b> <b>550 - 3 Mile Road NW</b> <b>Suite B</b> <b>Grand Rapids, MI 49544</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,258.75</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.222	<b>Nonpriority creditor's name and mailing address</b> <b>Paramount Pictures Corporation</b> <b>5555 Melrose Avenue</b> <b>Marathon Bldg, 2nd Floor</b> <b>Los Angeles, CA 90038</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services- Critical Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$304,436.12</b>
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3.223	<b>Nonpriority creditor's name and mailing address</b> <b>Pepsi Cola Champaign-Urbana</b> <b>1306 W. Anthony Drive</b> <b>Champaign, IL 61821</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,216.95</b>
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3.224	<b>Nonpriority creditor's name and mailing address</b> <b>PepsiCo Sales Inc.</b> <b>PO Box 75948</b> <b>Chicago, IL 60675</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$127,580.23</b>
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3.225	<b>Nonpriority creditor's name and mailing address</b> <b>Pete's Lawn Care</b> <b>101 Washington Ave</b> <b>PO Box 130</b> <b>Grand Haven, MI 49417</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,867.90</b>
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3.226	<b>Nonpriority creditor's name and mailing address</b> <b>Plante Moran</b> <b>16060 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,200.00</b>
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3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Pocket Points Inc.</b> <b>1811 Concord Ave</b> <b>Suite 220</b> <b>Chico, CA 95928</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.16</b>
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3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Pop-A-Lock of Ann Arbor</b> <b>5060 Jackson Road</b> <b>Suite K</b> <b>Ann Arbor, MI 48103</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.00</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.229	<b>Nonpriority creditor's name and mailing address</b> <b>PPC Commercial/Industrial Pest Management</b> <b>2224 Fairweather Drive</b> <b>Indianapolis, IN 46229</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.00</b>
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3.230	<b>Nonpriority creditor's name and mailing address</b> <b>Praxair</b> <b>Dept Ch 10660</b> <b>Palatine, IL 60055</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$97.26</b>
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3.231	<b>Nonpriority creditor's name and mailing address</b> <b>Proctor Companies</b> <b>10497 Centennial Road</b> <b>Littleton, CO 80127</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,781.89</b>
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3.232	<b>Nonpriority creditor's name and mailing address</b> <b>PWSD #1 of Cole County</b> <b>PO Box 664</b> <b>Jefferson City, MO 65102</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$234.12</b>
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3.233	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Air</b> <b>3395 Kraft Avenue SE</b> <b>Grand Rapids, MI 49512</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,886.66</b>
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3.234	<b>Nonpriority creditor's name and mailing address</b> <b>Reading &amp; Son Plumbing</b> <b>7712 North Crestling</b> <b>Peoria, IL 61615</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$554.03</b>
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3.235	<b>Nonpriority creditor's name and mailing address</b> <b>Reed Simon</b> <b>3945 Barrington Drive</b> <b>Saginaw, MI 48603</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101.26</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.236	<b>Nonpriority creditor's name and mailing address</b> <b>Remer Plumbing &amp; Heating Inc.</b> <b>5565 State Street</b> <b>Saginaw, MI 48603</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$382.80</b>
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3.237	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Holmes Construction</b> <b>5801 North Kircher Road</b> <b>Columbia, MO 65202</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,130.00</b>
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3.238	<b>Nonpriority creditor's name and mailing address</b> <b>RICOH</b> <b>PO Box 650016</b> <b>Dallas, TX 75265</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$283.99</b>
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3.239	<b>Nonpriority creditor's name and mailing address</b> <b>Roadside Attractions</b> <b>PO Box 511630</b> <b>Los Angeles, CA 90051</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,955.14</b>
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3.240	<b>Nonpriority creditor's name and mailing address</b> <b>Robert E. Goodrich</b> <b>4417 Broadmoor Ave SE</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,650.00</b>
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3.241	<b>Nonpriority creditor's name and mailing address</b> <b>Roe-Comm Inc.</b> <b>1400 Ramona Avenue</b> <b>Portage, MI 49002</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,385.32</b>
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3.242	<b>Nonpriority creditor's name and mailing address</b> <b>Roenicke Electric Inc.</b> <b>3415 Carrollton Road</b> <b>PO Box 5</b> <b>Carrollton, MI 48724</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,359.50</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.243	<b>Nonpriority creditor's name and mailing address</b> <b>Ross Pettinga</b> <b>4417 Broadmoor Ave SE</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$111.02</b>
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3.244	<b>Nonpriority creditor's name and mailing address</b> <b>Roto Rooter</b> <b>PO Box 7065</b> <b>Columbia, MO 65205</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$787.50</b>
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3.245	<b>Nonpriority creditor's name and mailing address</b> <b>Safety Systems Inc.</b> <b>PO Box 1079</b> <b>Jackson, MI 49204</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$381.00</b>
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3.246	<b>Nonpriority creditor's name and mailing address</b> <b>Schomers Plumbing &amp; Heating</b> <b>1450 Industrial Drive</b> <b>Lafayette, IN 47905</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$361.12</b>
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3.247	<b>Nonpriority creditor's name and mailing address</b> <b>Sculpture Hospitality Joliet</b> <b>PO Box 1223</b> <b>Plainfield, IL 60544</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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3.248	<b>Nonpriority creditor's name and mailing address</b> <b>Sedgwick Claims Management</b> <b>Services, Inc.</b> <b>2897 Momentum Place</b> <b>Chicago, IL 60689</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,250.00</b>
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3.249	<b>Nonpriority creditor's name and mailing address</b> <b>Semco Energy</b> <b>PO Box 740812</b> <b>Cincinnati, OH 45274</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,496.39</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.250	<b>Nonpriority creditor's name and mailing address</b> <b>Service Master of Lafayette</b> <b>3410 Rascal Drive</b> <b>Lafayette, IN 47909</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,760.28</b>
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3.251	<b>Nonpriority creditor's name and mailing address</b> <b>SHI Corporation</b> <b>PO Box 952121</b> <b>Dallas, TX 75395</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,498.61</b>
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3.252	<b>Nonpriority creditor's name and mailing address</b> <b>Shoes for Crews</b> <b>PO Box 504634</b> <b>Saint Louis, MO 63150</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$606.06</b>
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3.253	<b>Nonpriority creditor's name and mailing address</b> <b>Siemens Industry Inc.</b> <b>c/o CitiBank</b> <b>PO Box 2134</b> <b>Carol Stream, IL 60132</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$957.51</b>
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3.254	<b>Nonpriority creditor's name and mailing address</b> <b>Silver Screen</b> <b>3354 N Oak Road</b> <b>Davison, MI 48423</b> Date(s) debt was incurred <u>2019-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,360.00</b>
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3.255	<b>Nonpriority creditor's name and mailing address</b> <b>Sir Speedy GR</b> <b>4513-A Broadmoor SE</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,590.57</b>
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3.256	<b>Nonpriority creditor's name and mailing address</b> <b>Sonic Equipment Company</b> <b>900 West Miller Road</b> <b>Iola, KS 66749</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,896.25</b>
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Debtor Name	Case number (if known)	20-00759-swd
<b>Goodrich Quality Theaters, Inc.</b> Name 3.257 Nonpriority creditor's name and mailing address <b>Sonitrol of Indianapolis, Inc.</b> <b>Dept 10651</b> <b>Palatine, IL 60055</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$578.19</b>
3.258 Nonpriority creditor's name and mailing address <b>Sony Releasing</b> <b>10202 West Washington Blvd</b> <b>SPP 4505A</b> <b>Culver City, CA 90232</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services- Critical Vendor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$335,015.67</b>
3.259 Nonpriority creditor's name and mailing address <b>Southern Poverty Law Center</b> <b>400 Washington Ave</b> <b>Montgomery, AL 36103</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.260 Nonpriority creditor's name and mailing address <b>Speed Tech Equipment</b> <b>3364 Quincy Street</b> <b>Hudsonville, MI 49426</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$487.88</b>
3.261 Nonpriority creditor's name and mailing address <b>Stanley Steamer NW Indiana</b> <b>601 E. 112th Street</b> <b>Crown Point, IN 46307</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,521.05</b>
3.262 Nonpriority creditor's name and mailing address <b>Staples</b> <b>c/o Tom Riggelman</b> <b>7 Technology Circle</b> <b>Columbia, SC 29203</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Charge Account</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,792.42</b>
3.263 Nonpriority creditor's name and mailing address <b>Stinson Leonard Street</b> <b>PO Box 843052</b> <b>Kansas City, MO 64184</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,331.63</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.264	<b>Nonpriority creditor's name and mailing address</b> <b>Stokes Electric Company Inc.</b> <b>226 Madison Street</b> <b>Jefferson City, MO 65101</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,109.11</b>
<hr/>			
3.265	<b>Nonpriority creditor's name and mailing address</b> <b>Stored Value Services</b> <b>101 Buillitt Lane</b> <b>Suite 305</b> <b>Louisville, KY 40222</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91,766.92</b>
<hr/>			
3.266	<b>Nonpriority creditor's name and mailing address</b> <b>STX Financing LLC</b> <b>PO Box 740636</b> <b>Los Angeles, CA 90074</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services- Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86,184.50</b>
<hr/>			
3.267	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Beverage Service</b> <b>PO Box 3180</b> <b>Melrose Park, IL 60164</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>
<hr/>			
3.268	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Companies</b> <b>575 Minnehaha Ave W</b> <b>Saint Paul, MN 55103</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,570.14</b>
<hr/>			
3.269	<b>Nonpriority creditor's name and mailing address</b> <b>Sunshine Carpet Cleaning</b> <b>4196 E. Houghton Lake Road</b> <b>Lake City, MI 49651</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,545.00</b>
<hr/>			
3.270	<b>Nonpriority creditor's name and mailing address</b> <b>Sutton-Garten Company</b> <b>901 N. Senate Ave</b> <b>Indianapolis, IN 46202</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,484.38</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.271	<b>Nonpriority creditor's name and mailing address</b> <b>TDS Metrocom</b> <b>PO Box 94510</b> <b>Palatine, IL 60094</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$921.92</b>
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3.272	<b>Nonpriority creditor's name and mailing address</b> <b>Tech Electronics Inc.</b> <b>PO Box 790379</b> <b>Saint Louis, MO 63179</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$720.00</b>
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3.273	<b>Nonpriority creditor's name and mailing address</b> <b>Technicolor Cinema</b> <b>Distribution</b> <b>PO Box 848498</b> <b>Los Angeles, CA 90084</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5.58</b>
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3.274	<b>Nonpriority creditor's name and mailing address</b> <b>The Box Office Company</b> <b>PO Box 936193</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,188.00</b>
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3.275	<b>Nonpriority creditor's name and mailing address</b> <b>The Conference Group</b> <b>254 Chapman Road</b> <b>Topkis Building</b> <b>Newark, DE 19702</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9.09</b>
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3.276	<b>Nonpriority creditor's name and mailing address</b> <b>The Oxford Leader</b> <b>PO Box 108</b> <b>Oxford, MI 48371</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
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3.277	<b>Nonpriority creditor's name and mailing address</b> <b>Theatre Owners of Indiana</b> <b>1705 N Street NW</b> <b>Washington, DC 20036</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,660.00</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> <small>Name</small>	Case number (if known)	<b>20-00759-swd</b>
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3.278	<b>Nonpriority creditor's name and mailing address</b> <b>Thermal Services</b> <b>2200 W. Altorfer Drive</b> <b>Peoria, IL 61615</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,130.64</b>
3.279	<b>Nonpriority creditor's name and mailing address</b> <b>Thyssen Krupp Elevator Corp</b> <b>PO Box 3796</b> <b>Carol Stream, IL 60132</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,992.78</b>
3.280	<b>Nonpriority creditor's name and mailing address</b> <b>Timothy W. Hendricks</b> <b>22731 Overdord Road</b> <b>Cicero, IN 46034</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
3.281	<b>Nonpriority creditor's name and mailing address</b> <b>Total Fire and Safety</b> <b>6808 Hobson Valley Drive</b> <b>Unit 105</b> <b>Woodridge, IL 60517</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$735.77</b>
3.282	<b>Nonpriority creditor's name and mailing address</b> <b>Township of Bangor</b> <b>180 State Park Drive</b> <b>Bay City, MI 48706</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.283	<b>Nonpriority creditor's name and mailing address</b> <b>Trevor Schmidt</b> <b>3610 W 96th Street</b> <b>Indianapolis, IN 46268</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
3.284	<b>Nonpriority creditor's name and mailing address</b> <b>Tri-State Security</b> <b>68523 Arden Park Ave</b> <b>Sturgis, MI 49091</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.72</b>



Debtor Name	Case number (if known)	20-00759-swd
<b>Goodrich Quality Theaters, Inc.</b> Name		
3.285 Nonpriority creditor's name and mailing address <b>Tri-Valley Construction LLC</b> <b>2363 South Miller Road</b> <b>Saginaw, MI 48609</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,285.00</b>
3.286 Nonpriority creditor's name and mailing address <b>Twentieth Century Fox</b> <b>Fox Studio Lot Building 88</b> <b>10201 West Pico Boulevard</b> <b>Los Angeles, CA 90064</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services- Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.287 Nonpriority creditor's name and mailing address <b>Two Guys Mechanical</b> <b>Contractors</b> <b>918 N. US Hwy 35</b> <b>PO Box 48</b> <b>Winamac, IN 46996</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360.00</b>
3.288 Nonpriority creditor's name and mailing address <b>Uline</b> <b>PO Box 88741</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$689.28</b>
3.289 Nonpriority creditor's name and mailing address <b>Uniform Advantage</b> <b>101 NE 3rd Ave</b> <b>Suite 2000</b> <b>Fort Lauderdale, FL 33301</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$434.69</b>
3.290 Nonpriority creditor's name and mailing address <b>United Artists</b> <b>29285 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services- Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,239.39</b>
3.291 Nonpriority creditor's name and mailing address <b>United Fast Food Service &amp; Beverage</b> <b>2626 Delta Lane</b> <b>Elk Grove Village, IL 60007</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$509.75</b>

Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.292	<b>Nonpriority creditor's name and mailing address</b> <b>United States Parcel Service</b> <b>PO Box 809488</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,612.85</b>
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3.293	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Film Exchanges LLC</b> <b>14180 N. Dallas Parkway</b> <b>Suite 800</b> <b>Dallas, TX 75254</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services- Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$418,364.70</b>
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3.294	<b>Nonpriority creditor's name and mailing address</b> <b>US Signal</b> <b>201 Ionia Ave SW</b> <b>Grand Rapids, MI 49503</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,134.23</b>
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3.295	<b>Nonpriority creditor's name and mailing address</b> <b>USFoods</b> <b>PO Box 78000</b> <b>Dept 78792</b> <b>Detroit, MI 48278</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,159.07</b>
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3.296	<b>Nonpriority creditor's name and mailing address</b> <b>Ushio Corporation</b> <b>6045 Solution Center</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,915.05</b>
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3.297	<b>Nonpriority creditor's name and mailing address</b> <b>Valparaiso Chamber of Comm.</b> <b>PO Box 330</b> <b>Valparaiso, IN 46384</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,051.00</b>
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3.298	<b>Nonpriority creditor's name and mailing address</b> <b>Vectren Energy Delivery</b> <b>PO Box 6248</b> <b>Indianapolis, IN 46206</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,772.98</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.299	<b>Nonpriority creditor's name and mailing address</b> <b>Village of Oxford</b> <b>22 West Burdick</b> <b>Oxford, MI 48371</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315.76</b>
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3.300	<b>Nonpriority creditor's name and mailing address</b> <b>Vision Media</b> <b>9200 Indian Creek Pkwy</b> <b>Overland Park, KS 66210</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,066.89</b>
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3.301	<b>Nonpriority creditor's name and mailing address</b> <b>Vista Entertainment Solutions</b> <b>335 N. Maple Drive</b> <b>Suite 150</b> <b>Beverly Hills, CA 90210</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$504.00</b>
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3.302	<b>Nonpriority creditor's name and mailing address</b> <b>Vistar Corporation</b> <b>6703 Haggerty Road</b> <b>Belleville, MI 48111</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$217,748.29</b>
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3.303	<b>Nonpriority creditor's name and mailing address</b> <b>Vivian Company Inc.</b> <b>1529 Ocello Drive</b> <b>Fenton, MO 63026</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,844.72</b>
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3.304	<b>Nonpriority creditor's name and mailing address</b> <b>Voss Lighting</b> <b>PO Box 22159</b> <b>Lincoln, NE 68542</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$481.50</b>
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3.305	<b>Nonpriority creditor's name and mailing address</b> <b>Walt Disney Studios</b> <b>350 S. Buena Vista Street</b> <b>Burbank, CA 91521</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services- Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$148,348.75</b>
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Debtor	<b>Goodrich Quality Theaters, Inc.</b> Name	Case number (if known)	<b>20-00759-swd</b>
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3.306	<b>Nonpriority creditor's name and mailing address</b> <b>Warner Bros. Distributing Co.</b> <b>PO Box 936193</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services- Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$208,608.19</b>
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3.307	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management National Serv</b> <b>PO Box 13648</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,854.47</b>
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3.308	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management of MI Corp</b> <b>PO Box 4648</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$345.80</b>
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3.309	<b>Nonpriority creditor's name and mailing address</b> <b>Wastewater Treatment</b> <b>1200 N. Salisbury Street</b> <b>West Lafayette, IN 47906</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$208.42</b>
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3.310	<b>Nonpriority creditor's name and mailing address</b> <b>Weather Shield Roofing Systems</b> <b>1197 Hoyt Street SE</b> <b>Grand Rapids, MI 49507</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,237.50</b>
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3.311	<b>Nonpriority creditor's name and mailing address</b> <b>Windcave</b> <b>8939 S. Sepulveda Blvd</b> <b>Los Angeles, CA 90045</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,382.90</b>
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3.312	<b>Nonpriority creditor's name and mailing address</b> <b>Wolgast Corporation</b> <b>4835 Towne Centere Road</b> <b>Suite 203</b> <b>Saginaw, MI 48604</b> Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,040.64</b>
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Debtor **Goodrich Quality Theaters, Inc.**  
NameCase number (if known) **20-00759-swd**

3.313	<b>Nonpriority creditor's name and mailing address</b> <b>WTOU-AM</b> <b>Midwest Communications</b> <b>4200 West Main Street</b> <b>Kalamazoo, MI 49006</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$760.00</b>
<hr/>			
3.314	<b>Nonpriority creditor's name and mailing address</b> <b>Wyatt Communications Inc</b> <b>PO Box 537</b> <b>Lafayette, IN 47902</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$454.03</b>
<hr/>			
3.315	<b>Nonpriority creditor's name and mailing address</b> <b>YES Energy Management</b> <b>PO Box 6261</b> <b>Hicksville, NY 11802</b>  Date(s) debt was incurred <u>2020-</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$505.00</b>
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3.316	<b>Nonpriority creditor's name and mailing address</b> <b>Zach Bush</b> <b>6613 Crossbridge Drive</b> <b>Noblesville, IN 46062</b>  Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Clayton Thompson Esq.</b> <b>3210 Bluff Creek DR</b> <b>Columbia, MO 65201</b>	Line <u>3.118</u>  <input type="checkbox"/> Not listed. Explain <u>    </u>	—
<hr/>			
4.2	<b>James S. Carr Esq.</b> <b>Kayci G. Hines Esq.</b> <b>Kelley Drye &amp; Warren LLP</b> <b>101 Park Avenue</b> <b>New York, NY 10178</b>	Line <u>3.160</u>  <input type="checkbox"/> Not listed. Explain <u>    </u>	—
<hr/>			
4.3	<b>Mark Pendery Esq.</b> <b>Honigman LLP</b> <b>300 Ottawa Ave NW</b> <b>Suite 400</b> <b>Grand Rapids, MI 49503</b>	Line <u>3.222</u>  <input type="checkbox"/> Not listed. Explain <u>    </u>	—

Debtor	Goodrich Quality Theaters, Inc.	Case number (if known)	20-00759-swd
Name			
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.4	Marsha A. Houston Esq. Christopher O. Rivas Esq. Reed Smith, LLP 355 South Grand Ave, #2900 Los Angeles, CA 90071	Line <u>3.293</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	PepsiCo Sales, Inc. 700 Anderson Hill Road Purchase, NY 10577	Line <u>3.224</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Sony Corporation 25 Madison Avenue New York, NY 10010	Line <u>3.258</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Stephan E. Hornung Esq. Luskin, Sten & Eisler LLP Eleven Times Square New York, NY 10036	Line <u>3.222</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Wells Fargo Vendor Financial Services c/o A Ricoh USA Attn: Christine R. Etheridge 1738 Bass Road Macon, GA 31210	Line <u>3.238</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 3,327,360.40
5c.	\$ 3,327,360.40

**Fill in this information to identify the case:**Debtor name **Goodrich Quality Theaters, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **20-00759-swd**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Commercial Property Lease:**

State the term remaining

List the contract number of any government contract

**232 W. Burwash Ave  
Savoy, IL 61874  
(Savoy 16 IMAX)  
Expires 9/30/2027****30 W Pershing LLC  
c/o EPR Properties  
909 Walnut Street  
Suite 200  
Kansas City, MO 64106**2.2. State what the contract or lease is for and the nature of the debtor's interest **Property Lease:**

State the term remaining

List the contract number of any government contract

**4101 Wilder Road, Suite  
R703  
Bay City, MI 48706  
(Bay City 10 GDX)****Bay City Mall LLC  
Dept 999341  
PO Box 33721  
Detroit, MI 48232**2.3. State what the contract or lease is for and the nature of the debtor's interest **Commercial Property Land Lease:**

State the term remaining

List the contract number of any government contract

**3550 Country Club  
Drive  
Jefferson City, MO  
65109  
(Capital 8)  
Expires 1/31/2025****Capital Mall JC LLC  
PO Box 1663  
Jefferson City, MO 65102**2.4. State what the contract or lease is for and the nature of the debtor's interest **8,000 square foot storage unit**

State the term remaining

List the contract number of any

**Devries Development, LLC  
3950 44th Street  
Grand Rapids, MI 49512**

Debtor 1 **Goodrich Quality Theaters, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-00759-swd****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.5. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Commercial Property****Land Lease:****1209 Forum Katy  
Parkway  
Columbia, MO 65203  
(Forum 8)****Expires 5/31/2026****Forum Shopping Center  
PO Box 1037  
Columbia, MO 65205**

2.6. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Commercial Property****Lease:****17220 Hayes Street  
Grand Haven, MI 49417  
(Grand Haven 9)****Expires 7/31/2024****Hayes Street LLC  
PO Box 1000  
Douglas, MI 49406**

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Commercial Property****Lease:****1501 N. Wisner Street  
Jackson, MI 49202  
(Jackson 10)****Expires 1/31/2023****Jackson Crossing Realty LLC  
c/o Namdar Realty Group LLC  
150 Great Neck Road  
Suite 304  
Great Neck, NY 11021**

2.8. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Commercial Property****Lease:****3686 Jackson Road  
Ann Arbor, MI 48103  
(Quality 16)****Expires 12/31/2024****Jackson Road Cinema LLC  
150 W. 2nd Street  
Suite 200  
Royal Oak, MI 48067**

2.9. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Theatrical License  
Agreement****Lionsgate  
2700 Colorado  
Suite 200  
Santa Monica, CA 90404**



Debtor 1 **Goodrich Quality Theaters, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-00759-swd****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Commercial Property Lease:  
3525 McCarty Lane #7  
Lafayette, IN 47904  
(Lafayette 7)  
Expires 11/7/2023****Lost Boy Theater Partners LLC  
6632 Telegraph Road  
Suite 193  
Bloomfield Hills, MI 48301**

2.11. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Commercial Property Lease:  
2175 W. Main Street  
Lowell, MI 49331  
(Ada-Lowell 5)  
Expires 8/31/2021****Northward Development LLC  
c/o Colliers International  
333 Bridge Street NW  
Suite 1200  
Grand Rapids, MI 49504**

2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Theatrical Master License Agreement****Paramount Pictures Corporation  
5555 Melrose Avenue  
Marathon Bldg, 2nd Floor  
Los Angeles, CA 90038**

2.13. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Fountain Beverage Sales Agreement****PepsiCo Sales, Inc.  
700 Anderson Hill Road  
Purchase, NY 10577**

2.14. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Theatrical Master License Agreement****Sony Releasing  
10202 West Washington Blvd  
SPP 4505A  
Culver City, CA 90232**

Debtor 1 **Goodrich Quality Theaters, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-00759-swd****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.15. State what the contract or lease is for and the nature of the debtor's interest

**Commercial Property & Equipment Lease:  
550 N. Randall Road  
Batavia, IL 60510  
(Randall 15)****13825, Norell Road  
Noblesville, IN 46060  
(Hamilton 16 IMAX)****3250 Kabobel  
Saginaw, MI 48604  
(Quality 10 GDX)****6550 US Highway 6  
Portage, IN 46368  
(Portage 16 IMAX)**

State the term remaining

List the contract number of any government contract

**Spirit Master Funding X LLC  
2727 N. Hardwood Street  
Suite 300  
Dallas, TX 75201**

2.16. State what the contract or lease is for and the nature of the debtor's interest

**Theatrical Master License Agreement**

State the term remaining

List the contract number of any government contract

**STX Financing LLC  
PO Box 740636  
Los Angeles, CA 90074**

2.17. State what the contract or lease is for and the nature of the debtor's interest

**Master Theatrical Exhibition Contract**

State the term remaining

List the contract number of any government contract

**Twentieth Century Fox  
Fox Studio Lot Building 88  
10201 West Pico Boulevard  
Los Angeles, CA 90064**

2.18. State what the contract or lease is for and the nature of the debtor's interest

**Theatrical Master License Agreement**

State the term remaining

List the contract number of any government contract

**Universal Film Exchanges LLC  
14180 N. Dallas Parkway  
Suite 800  
Dallas, TX 75254**

Debtor 1 **Goodrich Quality Theaters, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **20-00759-swd****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.19. State what the contract or lease is for and the nature of the debtor's interest

**Commercial Property Lease:**  
**300 E. State Street**  
**West Lafayette, IN 47906**  
**(Wabash Landing 9)**  
**Expires 5/31/2025**

State the term remaining

List the contract number of any government contract

**Wabash Landing 11 LLC**  
**c/o Veritas Realty**  
**930 E. 66th Street**  
**Indianapolis, IN 46220**

2.20. State what the contract or lease is for and the nature of the debtor's interest

**Theatrical Exhibition License Agreement**

State the term remaining

List the contract number of any government contract

**Walt Disney Studios**  
**350 S. Buena Vista Street**  
**Burbank, CA 91521**

2.21. State what the contract or lease is for and the nature of the debtor's interest

**Theatrical Master License Agreement**

State the term remaining

List the contract number of any government contract

**Warner Bros. Distributing Co.**  
**PO Box 936193**  
**Atlanta, GA 31193**

2.22. State what the contract or lease is for and the nature of the debtor's interest

**Commercial Property Lease:**  
**4100 W. Willow Knolls Drive**  
**Peoria, IL 61615**  
**(Willow Knolls 14)**  
**Expires 1/31/2022**

State the term remaining

List the contract number of any government contract

**Willow Knolls Peoria IL LLC**  
**4300 East Fifth Ave**  
**Columbus, OH 43219**

**Fill in this information to identify the case:**Debtor name **Goodrich Quality Theaters, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **20-00759-swd**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1****Robert E.  
Goodrich****4417 Broadmoor Ave SE  
Grand Rapids, MI 49512****CIBC Bank USA**☒ D **2.1**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_**2.2****Robert E.  
Goodrich****4417 Broadmoor Ave SE  
Grand Rapids, MI 49512****Independent Bank**☒ D **2.2**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_**2.3****Robert E.  
Goodrich****4417 Broadmoor Ave SE  
Grand Rapids, MI 49512****Macatawa Bank**☒ D **2.3**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_